

CITY OF FAIRFAX
FIRE ALARM / SPRINKLER PERMIT APPLICATION

DEPARTMENT OF FIRE AND RESCUE SERVICES
OFFICE OF CODE ADMINISTRATION
10455 ARMSTRONG ST., ROOM 103
FAIRFAX, VA 22030
(703) 385-7830
FAX (703) 385-9265

PERMIT NO. _____
DATE _____
PERMIT FEE _____
INVOICE NO. _____
CARD MADE _____

RE: BUILDING PERMIT # _____

I. JOB LOCATION

ADDRESS _____ SUITE# _____
TENANT'S NAME _____

II. NAME OF OWNER

ADDRESS _____
ZIP CODE _____ TELEPHONE NO. _____

III. CONTRACTOR

ADDRESS _____
ZIP CODE _____ TELEPHONE NO. _____ FAX NO. _____

Type Building _____ Use Group _____

| Fire Alarm System | |
|-------------------|---|
| | Main Panel, including branch circuit |
| | Initiating, detecting or indicating devices |
| | Dialers and expansion panels |
| | |

| Sprinklers, New or Expanded System | |
|------------------------------------|---------------------------------|
| | Dry-pipe, alarm or deluge valve |
| | Piping and sprinkler heads |
| | |

| Other | |
|-------|--|
| | Fire Line |
| | Standpipe systems, not part of a sprinkler system |
| | Fire Pump |
| | Halon, Carbon Dioxide and Fixed Chemical Agent Systems |
| | |

Estimated Cost of Job _____

I hereby certify that I have the authority to make this application, that information given is correct, and that use, construction and installation shall conform to all applicable laws and regulations enforced by the City of Fairfax.

Owner, Agent or Contractor Signature: _____

Contractor License # _____ **Expires** _____
